

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: HAWN, RAYMOND

Docket No. 32953-DIV

Serial No.: 10/692,335

Group Art Unit No. 3643

Filed: 10/22/2003

Title: QUALITY ASSURANCE PROGRAM  
AND METHOD FOR MEAT  
PRODUCTION

Examiner: PRICE, RICHARD THOMAS

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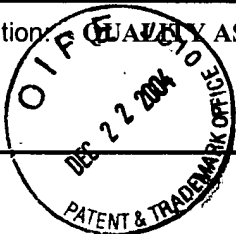
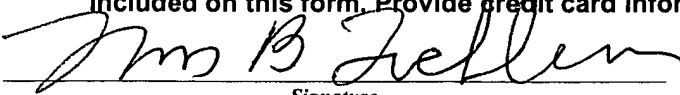
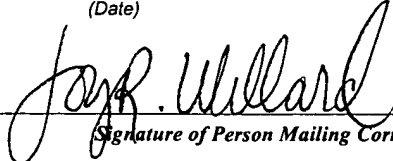
Assistant Commissioner of Patents  
Box Non-Fee Amendment  
Washington, D.C. 20231

**AMENDMENT**

In response to a telephone call from the Examiner, Applicant respectfully requests amendment and reconsideration of the above-identified application. A Request for Continued Examination accompanies this Amendment.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>32953-DIV</b>	
Applicant(s): <b>HAWN, RAYMOND</b>					
Application No. <b>10/692,335</b>	Filing Date <b>10/22/2003</b>	Examiner <b>PRICE, Richard Thomas Jr.</b>	Customer No. <b>23589</b>	Group Art Unit <b>3643</b>	Confirmation No. <b>9122</b>
Invention: <b>QUALITY ASSURANCE PROGRAM AND MEHTOD FOR MEAT PRODUCTION</b>					
 <b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-0522</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>December 22, 2004</b>		
<b>Thomas B. Luebberng, Reg No. 37,874</b> <b>HOVEY WILLIAMS LLP</b> <b>2405 Grand Boulevard, Suite 400</b> <b>Kansas City, MO 64108-2519</b> <b>(816) 474-9050</b>			<div style="border: 1px solid black; padding: 5px;">         I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on          12/22/2004          _____          (Date)            _____          Signature of Person Mailing Correspondence  <b>Joy R. Willard</b>          _____          Typed or Printed Name of Person Mailing Correspondence       </div>		
cc:					